



GOVERNMENT
OF THE
DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH ENVIRONMENTAL HEALTH ADMINISTRATION
BUREAU OF FOOD, DRUG AND RADIATION PROTECTION
51 N STREET, N.E., ROOM 6025 WASHINGTON, D.C. 20002

FOR OFFICE USE ONLY

APPLICATION COMPLETE:
YES [] NO []

RECOMMENDED:
YES [] NO []

DATE: _____

REG. NO.: _____

INITIAL: _____

PLEASE PRINT OR
TYPE ALL ENTRIES.

**CONTROLLED SUBSTANCES
APPLICATION**

Name

To have registration mailed somewhere other than
the business address, please note below:

D.C. BUSINESS OR HOSPITAL ADDRESS (DO NOT USE P.O. BOX)

MAILING ADDRESS

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

**NO REGISTRATION MAY BE PROCESSED UNLESS A COMPLETED APPLICATION FORM HAS BEEN RECEIVED.
SUBMIT CHECK OR MONEY ORDER IN THE AMOUNT OF \$50.00, PAYABLE TO THE D.C. TREASURER. (LATE FILING - \$25.00)**

REGISTRATION CLASSIFICATION:

1. BUSINESS ACTIVITY: Check [☒] **ONE ONLY**

[] PHARMACY [] HOSPITAL/CLINIC

[] PRACTITIONER _____ (Specify Medical Degree, e.g.: DDS, DO, DVM, APRN)

[] TEACHING INSTITUTION: (Instruction purposes only)

2. SCHEDULES: (Check all applicable schedules in which you intend to handle controlled substances)

[] SCHEDULE I [] SCHEDULE II [] SCHEDULE III (NARCOTIC)

[] SCHEDULE III (NON-NARCOTIC) [] SCHEDULE IV [] SCHEDULE V

3. ALL APPLICANTS MUST ANSWER THE FOLLOWING:

- (a) Is the applicant currently authorized to prescribe, manufacture, distribute, conduct research or instructional activities or chemical analysis with or otherwise handle the controlled substance in the schedules for which you are applying, under the laws of the District of Columbia?

[] YES- D.C. License Number _____
(ATTACH HEALTHCARE LICENSE)

[] NOT APPLICABLE

- (b) Has the applicant ever been convicted of a felony in connection with controlled substances under D.C., State or Federal law, or ever surrendered or had a CSA registration revoked, suspended or denied?

[] YES* [] NO

- (c) If the applicant is a corporation, association, partnership, has any officer, partner, stockholder or proprietor been convicted of a felony in connection with controlled substances under D.C., State or Federal law, or ever surrendered or had a CSA registration revoked, suspended, or denied?

[] YES* [] NO

*If the answer to questions (b) and/or (c) is "yes", include a statement using the space provided on the Reverse of this application.

4. CERTIFICATION FOR FEE EXEMPTION

[] CHECK THIS BLOCK IF INDIVIDUAL NAMED HEREON IS A LOCAL OFFICIAL.

The undersigned hereby certifies that the applicant herein is an officer or employee of a local agency who, in the course of such employment, is authorized to obtain, dispense, prescribe, or otherwise handle controlled substances or is authorized to conduct research, instructional activity or chemical analysis with controlled substances, and is exempt from the payment of this registration fee.

Signature of Certifying Official

Date

Print or Type Name and Title

Name of Institution or Agency

5. I CERTIFY THAT ALL OF THE STATEMENTS MADE BY ME ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND ARE MADE IN GOOD FAITH.

Print or Type Applicant's Name Here-Sign Below

Applicant's Business Phone

Signature of Applicant or Authorized Individual

Date

TITLE (If the applicant is a corporation, institution, or other entity, enter the TITLE of the person on behalf of the applicant [e.g., President, Dean, Procurement Officer])

APPLICANT'S EXPLANATIONS FOR ITEMS 3.(b) and/or 3.(c)

Applicants who have answered "yes" to questions 3.(b) and/or 3.(c) are required to submit a statement explaining such response(s). The space provided below should be used for this purpose and must be separately signed.

3.(b)

3.(c)

PRINT or TYPE Name Here-Sign Below

Signature

Date
